

TEMPORARY APPROVAL FOR RESOURCE PROGRAM TEACHER

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.

The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Name: Last Name _____ First Name _____ MI _____
 Social Security #: _____
 ISD Name: _____ ISD Code #: _____
 LEA Name: _____ LEA Code#: _____
 Program Category: _____ Program Category Code #: _____
 University/College: _____
 Effective Date: Month _____ Date _____ Year _____ Special Education Endorsement Program: _____

- YES NO** 1. This candidate holds a valid Michigan teaching certificate.
- YES NO** 2. The ISD has received a copy of the University /College form PV indicating that this candidate has been accepted into an appropriate program of study to attain a special education endorsement.
- YES NO** 3. The employing Superintendent has signed the Statement of Assurance.
- YES NO** 4. Personnel signatures by the employer and ISD.

SUPERINTENDENT'S STATEMENT OF ASSURANCE:

I certify that this district conducted a search for fully qualified personnel and that no certified teacher, holding full approval or endorsement for this position, was available at the time of the assignment.

 Superintendent's Signature

 Date

PERSONNEL SIGNATURES:

"I have been accepted into a training program at (University/College) _____
 and agree to complete a program leading to full endorsement or approval in the special education area of _____(category) at the rate of 6 semester or 9 term hours(minimum) from September 1 to August 31 of each school year." (If candidate has no special education endorsement currently on certificate)

 Candidate

 Date

 LEA/ Employer

 Date

 ISD Superintendent/Designee

 Date

Return To: _____
 (ISD Contact) _____

Telephone #: _____

Intermediate School District
 School District
 Candidate
 University/College (if applicable)